DOCUMENT RESUME

ED 049 814 PS 004 506

TITLE The New York State Experimental Prekindergarten Program. Summary Report, 1969-70.
INSTITUTION New York State Education Dept., Albany. Bureau of Child Development and Parent Education.
PUB DATE Nov 70
NOTE 55p.

EDRS PRICE EDRS Price MF-$0.65 HC-$3.29
DESCRIPTORS *Cognitive Development, Differentiated Staffs, *Disadvantaged Youth, Emotional Development, Health Programs, Home Visits, Inservice Education, Nutrition, *Parent Participation, *Preschool Programs, *Program Evaluation, Questionnaires, Recruitment, Selection, Social Development, Speech Evaluation, Tables (Data)

ABSTRACT

This fourth year report summarizes the services rendered during 1969-1970 by the New York State Experimental Prekindergarten Program and includes a partial evaluation of the accomplishments of the program as compared to its stated goals. The report is based on questionnaire responses by 49 of the 50 programs, including New York City. Because of its complexity, the New York City data is presented in a separate section. Seven demonstration centers for inservice education are included in the 50 programs. Answers to the survey questionnaire provide anecdotal records, statistical data, and subjective descriptions of techniques used to achieve goals. Topics covered are: recruitment and selection of children; planning and programing in the classroom; parent involvement; evidence of growth and development; and planning for continuing goals in kindergarten and primary programs. (NH)

ED049814

U. S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL OFFICE OF EDUCATION POSITION OR POLICY.

THE NEW YORK STATE EXPERIMENTAL PREKINDERGARTEN PROGRAM

PS 004506

*** SUMMARY REPORT ***
1969 - 70

The University of the State of New York THE STATE EDUCATION DEPARTMENT

Bureau of Child Development and Parent Education Albany, New York 12224

November 1970

THE UNIVERSITY OF THE STATE OF NEW YORK
Regents of the University (with years when terms expire)

1984 Joseph W. McGovern, A.B., LL.B., L.H.D., LL.D., D.C.L., Chancellor
New York
1985 Everett J. Penny, B.C.S., D.C.S., Vice Chancellor, White Plains
1978 Alexander J. Allan, Jr., LL.D., Litt.D., Troy
1973 Charles W. Millard, Jr., A.B., LL.D., L.H.D., Buffalo
1972 Carl H. Pforzheimer, Jr., A.B., M.B.A., D.C.S., H.H.D., Purchase
1975 Edward M.M. Warburg, B.S., L.H.D., New York
1977 Joseph T. King, LL.B., Queens
1974 Joseph C. Indelicato, M.D., Brooklyn
1976 Mrs. Helen B. Power, A.B., Litt.D., L.H.D., Rochester
1979 Francis W. McGinley, B.S., LL.B., L.L.D., Glens Falls
1980 Max J. Rubin, LL.B., L.H.D., New York
1971 Kenneth B. Clark, A.B., M.S., Ph.D., Litt.D., Hastings on Hudson
1982 Stephen K. Bailey, A.B., B.A., M.A., Ph.D., LL.D., Syracuse
1983 Harold E. Newcomb, B.A., Owego
1981 Theodore M. Black, A.B., Sands Point

President of the University and Commissioner of Education
Ewald B. Nyquist

Executive Deputy Commissioner of Education
Gordon M. Ambach

Associate Commissioner for Instructional Services
Philip B. Langworthy

Assistant Commissioner for Instructional Services (General Education)
Bernard F. Haake

Director, Division of School Supervision
H. George Murphy

Chief, Bureau of Child Development and Parent Education
Dorotha M. Conklin

PREFACE

This is the summary report of the New York State Experimental Prekindergarten Program, based on replies by 49 of the 50 programs, including New York City, to the 1969-70 Survey Questionnaire.[1] The New York City Experimental Prekindergarten Program, encompassing 50 classes in 38 schools, with an enrollment of approximately 1,500 children, is so extensive and so complex, with a significantly different constituency, that its data is summarized in tabular form in Section VI. This fourth year report is both a summary of the services rendered during 1969-70 and, as well, a partial evaluation of the accomplishments of the total program to date as compared to the goals set forth at its inception in 1966.

Fifty Experimental Prekindergarten Programs operated by boards of education or by Boards of Cooperative Educational Services for approximately 5,600 children were largely funded by a grant from the State Legislature to the State Education Department during the 1969-70 school year. Included in the 50 programs are seven Demonstration Centers in Canton, Great Neck, New Rochelle, Rochester, South Kortright, Suffolk County BOCES No. 2, and Syracuse. The purpose of these centers is to provide opportunities for observation and inservice education for all prekindergarten staff members within the region.

The data received from each of the centers in response to the survey questionnaire take the form of anecdotal records, statistical data, and

---

[1]A copy of the 1968-69 Survey Questionnaire is available from the Bureau of Child Development and Parent Education, State Education Department, Albany, New York 12224.

subjective descriptions of the various techniques employed to reach a desired goal. Each of the programs has individual goals to which the staff aspires. In general, however, the framework for success was outlined in the Guidelines for Experimental Prekindergarten Programs at the outset of the program, and it is these which will be utilized herein in the current evaluation.[2]

The intention of the current report is not to be statistically precise nor to cover all of the material called for in the survey questionnaire, but to give the reader a glimpse of the overall program, its goals and its accomplishments to date, as well as to give the staffs of the individual programs a view of statewide trends to encourage comparison, evaluation, and change.

The Bureau of Child Development and Parent Education acknowledges with appreciation the many people in the Experimental Prekindergarten Programs who responded to the Survey Questionnaire and submitted information and data. We are especially indebted to Janina W. Wirth, Associate, and Sheldon R. Sachs, Consultant, for their hard work in assembling the information and preparation of this report.

Dorotha M. Conklin, Chief
Bureau of Child Development
and Parent Education

---

[2]A copy of the "Guidelines" of the New York State Experimental Prekindergarten Program may be obtained from the Bureau of Child Development and Parent Education, State Education Department, Albany, New York 12224.

TABLE OF CONTENTS

	page
PREFACE	iii
INTRODUCTION	1
I. RECRUITMENT AND SELECTION OF CHILDREN	2
The Selection Process	2
Children Enrolled in Prekindergarten Program 1969-70	3
"Index of Need" for the Selection of Children 1969-70	5
II. PLANNING AND PROGRAMING IN THE CLASSROOM	6
Inservice Education for Staff	6
Supportive Adults	8
Staff Qualifications	9
Conferences	11
Home Visits	11
III. PARENT INVOLVEMENT	12
Parent Participation in Classroom	13
Parent Participation in Nonclassroom Activities	14
Parental Changes as a Function of Staff Effort	15
IV. EVIDENCE OF GROWTH AND DEVELOPMENT	17
Cognitive Growth	17
Children's Speech Problems	20
Socioemotional Development	24
Health Care and Nutrition	27
Health Problems and Treatment	31
Food Served	33
V. PLANNING FOR CONTINUING PREKINDERGARTEN GOALS IN KINDERGARTEN AND PRIMARY PROGRAMS	36
Meetings of Teachers 1969-70	37
Intervisits 1969-70	37
Changes in Kindergartens 1969-70	38

TABLE OF CONTENTS (cont'd)

		page
VI.	NEW YORK CITY	39
	Children Enrolled in Prekindergarten Program 1969-70	40
	"Index of Need" for the Selection of Children 1969-70	40
	Formal Staff Training 1969-70	41
	Conferences 1969-70	41
	Home Visits 1969-70	41
	The Purpose of Home Visits 1969-70	42
	Staff Qualifications 1969-70	43
	Parental Changes as a Function of Staff Effort	44
	Children's Speech Problems 1969-70	45
	Socioemotional Development 1969-70	46
	Health Examinations 1969-70	46
	Health Problems 1969-70	47
	Treatment of Health Problems 1969-70	47
	Food Served 1969-70	48
	Meetings of Teachers 1969-70	48
	Intervisits 1969-70	49
	Changes in Kindergartens 1969-70	49

THE NEW YORK STATE EXPERIMENTAL PREKINDERGARTEN PROGRAM

INTRODUCTION

Parents, as well as educators, are becoming increasingly aware of the significance of the child's early years. Many parents closely involved in programs designed to meet the educational needs of young children have testified not only to the children's learnings, but also to their own increased understanding of children and to the transfer of some of the educational procedures into the home. Previously, these opportunities have not been available generally for the disadvantaged.

A major responsibility of the prekindergarten program is to provide a highly individualized, well-balanced program that recognizes each child as a whole and unique human being and places emphasis on the total environment, indoors and outdoors. The use of expressive materials and activities which put a premium on personal choice and invention rather than on response to teacher direction provides a focus on self-initiation and the building of life-connected concepts. Such a program helps children develop their full potential: social - emotional - intellectual - and physical.

The term "experimental" needs some explanation. The Experimental Prekindergarten Program does not have a research design. The experiment permits boards of education to operate programs for 3- and 4-year-olds using public funds in an endeavor to reach children and their parents in disadvantaged areas. The State Education Department, in cooperation with local school boards and BOCES, is studying progress and identifying problems as they develop in these programs to determine the feasibility of making quality programs available to all prekindergarten children

whose parents wish them to attend.

Beginning with the child in these formative years -- working very closely with his parents -- can we provide, on an experimental basis, a strong prekindergarten program based on all accumulated experience with the education of 3- and 4-year-old children? Can we demonstrate ways to give each child motivation for learning or a background for school achievement? Can we involve elementary school teachers and principals in a plan which recognizes each child's individual needs and helps him to be a successful learner as he moves from prekindergarten, through kindergarten and the succeeding grades? Can we thus reduce the school dropout rate and provide equal educational opportunities for every child? This is our challenge.

I. RECRUITMENT AND SELECTION OF CHILDREN[3]

• The Selection Process

Selection of children for the Experimental Prekindergarten Program involves the identification of the most needy 3- and 4-year-old children from disadvantaged areas. Three-year-old children are those who would normally attend kindergarten 2 years later, while 4-year-old children would normally attend kindergarten the following school year.

---

[3]The figures utilized in the body of this report include the responses from 48 of the 49 programs exclusive of New York City and should be regarded as approximate. Such data gives the reader an idea of the scope of the program. The figures for New York City that appear in Section VI reflect responses from all of the 38 schools in that program. The subjective responses and anecdotal records that appear throughout the report were obtained from among the responses of all programs, including New York City.

The group of children selected should be nearly equal in numbers of boys and girls. It also should reflect, as closely as is feasible, the ethnic composition of the total number of children eligible for this program.

Table I lists the enrollment for the year 1969-70, while Table II summarizes the enrollment throughout the 4 years of the program's existence. It can be noted that the enrollment increased approximately 25 percent over last year.[4]

Table I

Children Enrolled in Prekindergarten Program 1969-70

Enrollment: 1969-70[5]	Number of 3-Year-Olds	Number of 4-Year-Olds	Total Number of Children
Number of children attending at least 1 day or more	390	4074	4464
Number of children attending on a regular basis	355	3738	4093

Table II

Children Enrolled in Prekindergarten Programs 1966-70

Number of Children in Program[5]	1966-67	1967-68	1968-69	1969-70
3-year-olds	373	237	365	390
4-year-olds	2283	3062	3050	4074
TOTALS	2656	3299	3415	4464

[4]Exact precision is impossible in all of the comparisons to past programs, since the percentage of programs responding to the 1969-70 survey questionnaire was far greater than at any time in the past. This holds for all comparisons made throughout the report.

[5]Including only those programs reporting, and those children attending at least 1 day exclusive of New York City.

During the year 1969-70, more than 7,700 children applied to enroll in the program. Although 3,700 children were rejected, only about 1,200 of them could be classified as eligible for enrollment.

Each program is issued specific guidelines for the selection of children, called the "Index of Need." Within those guidelines, the staff is free to emphasize those criteria which seem applicable to their area of the State. To qualify for State aid under the Experimental Prekindergarten Program, a minimum of 90 percent of the children selected for the program should evidence several of the indexes of need. This explains why the total percentage of children listed in Table III and Table XVII in New York City is greater than 100 percent.

Total professional and noncertified staff are urged to participate in the recruitment process whenever possible. This team varies from community to community depending upon the personnel employed. The team ideally consists of the educational director, social worker, teacher, psychologist, school nurse-teacher, and any other appropriate personnel. The team typically utilizes the resources of the local Department of Social Services, health clinics, religious organizations, child guidance clinics, the elementary school nurse-teachers, administrators, supervisors, and pupil personnel staff. It is evident from the percentages that children were selected on the basis of several of the indexes of need.

Table III

"Index of Need" for the Selection of Children 1969-70

Category of the "Index of Need" under which children had to qualify to be eligible for enrollment in the program.	Number of Children qualifying under this category of the "Index of Need." (Percentage of total)	Relative emphasis placed on each of the categories by rank order.[6]
LIMITED INCOME:		
.family receiving assistance from Welfare Agency	1805 (40%)	1
.family eligible for medicaid	1947 (44%)	2
.family with foster children	201 (4%)	9
.family evidencing nutritional deficiencies	475 (11%)	7
LIMITED HOUSING:		
.family with high density of population per dwelling	1171 (26%)	3
.family living in low value and low standard housing	1466 (33%)	6
.family residence in segregated area with respect to race or socioeconomic class; ghetto, reservation, migrant camp,etc.	1608 (36%)	8
.family isolated in remote rural area	284 (6%)	14
.family experiencing frequent change of address	349 (8%)	13
LIMITED FAMILIAL ENVIRONMENT:		
.family with record of adult or juvenile delinquency	378 (9%)	11
.family with living conditions which are harmful or limiting to normal development	1338 (30%)	4
.family with history of chronic illness	501 (11%)	12
.family with single parent or changes in parent	1259 (28%)	5
.family with low aspirational level	1189 (27%)	10

[6] These data were obtained by averaging the responses from all of the programs to give a picture of the overall program.

PS004506

II. PLANNING AND PROGRAMING IN THE CLASSROOM

Emphasis is placed on conducting a high quality program for children. The program reflects a knowledge of child development, educational principles, and related research.

- Inservice Education for Staff

In order to best develop programs for children, the total staff involves itself, both as individuals and as a group, in various educational activities.

For example, in order to better understand the problems of individual children, the staff meets regularly in discussion groups and seminars, often including consultants. Some of the more interesting topics are:

Classroom Behavior

Discipline and Motivation

Effects of Discipline

Aggression

Hyperactive Child

Book Reviews

Research in Learning

Open Education

Establishing Wholesome Relationships With Adults in School

Helping Teacher Aides

Team Approach

Roles and Reciprocal Expectations of Staff

Perceptual Problems

Child Abuse

Psycholinguistic Abilities in Children

Values of Eyesight Testing in Your Child

Characteristics of Disadvantaged Bilingual Child

Long-Range Planning

Daily Schedule/Schedule for a Week

Space Utilization-Outdoor Equipment

Individualization of Teaching

Community Resources

Group Dynamics

Functions of Social Worker and Teacher

Functions of Nurse-Teacher and Staff

Self Awareness of Sensitivity to Others

Examine and Question Attitudes and Practices Inconsistent With School Philosophy

---

Storytelling

Science

Learning With Food

Language Activities

Woodworking

Music and Rhymes

Math Concepts

Spring and Outdoor Activities

Art Media and Techniques

Why Parent Involvement

Parents as Volunteers

How To Involve Parents in Children's Learning

Developing Skills for Home Visits

Discussion of Field Trips for Parents and Children

Use of Fifth Graders in Classroom

Ways of Interpreting Program to Community

Recording

Measuring Pupil Progress

Checklists

Revision of Evaluation Forms

Program Activities

Reading to Children

Block Play

Water Play

Speech Development

Listening Games

Approximately one-third of the professional staff is enrolled in various types of formal training which range from enrollment in college courses through involvement in sensitivity training groups and various institutes and workshops.

• Supportive Adults

A child learns best as a result of highly individualized contacts and highly personalized relationships with supportive adults who provide consistency and models of behavior which the child can emulate.

One of the goals of the program is to employ qualified staff. Table IV (on page 9) would seem to indicate that there has been an increased proportion of teachers holding a New York State certificate in early childhood education or in elementary education. In addition, a greater proportion of assistant teachers have teaching experience in early childhood education.

A primary goal is to maintain class size at approximately 15 children per class. There is only a slight variation in that figure for the 257 classes held in 1969-70. In the school year 1968-69, there was a slight increase in the enrollment, but a decline in the number of staff employed. As a result, the ratio of children to staff increased. This was interpreted, in last year's report, as an indication of increased efficiency. A further increase in the ratio of children to staff was predicted for the 1969-70 school year. Not only did such an increase occur, but there were also significant increases in both enrollment and staff employment. (See Figures 1 and 2.)

Perhaps the means by which the staff can best serve the disadvantaged prekindergarten child is by engaging in activities relating to the understanding of each child as an individual. Toward this end, staff members are involved in assessment of individual difficulties and strengths, scheduling of case conferences, parent-teacher conferences, and visits to individual homes.

Table IV

Staff Qualifications[7]

					Number of Children Per Staff Member			
	1966-1967	1967-1968	1968-1969	1969-1970	1966-1967	1967-1968	1968-1969	1969-1970
Number of Reporting Programs	38	43	42	48	-	-	-	-
Number of Teachers:								
Employed by program*	119	160	152	185	22.3	20.6	22.5	24.1
Certified in:								
N-3, N-2, or ECE	67	57	56	56	-	-	-	-
N-6	0	24	42	75	-	-	-	-
K-6	46	52	38	40	-	-	-	-
Other(Noncertified)	6	27	16	14	-	-	-	-
Number of Assistant Teachers:								
Employed by program*	32	25	23	22	-	-	-	-
With previous ECE teaching experience	**	15	21	21	-	-	-	-
With specialization in ECE	**	15	10	6	-	-	-	-
Number of Teacher Aides:								
Employed by program*	119	155	152	189	22.3	21.3	22.5	23.6
Educational level:								
N-6	9	3	6	17	-	-	-	-
7-12	62	109	117	104	-	-	-	-
College	25	31	20	68	-	-	-	-
No reply	23	12	0	0	-	-	-	-
Number of:								
Psychologists*	22	43	32	37	120.7	76.7	106.7	120.6
Social Workers*	30	37	33	39	88.5	89.2	103.5	114.5
Nurse-Teachers*	33	46	39	46	80.5	71.7	87.6	97.0
Directors	38	43	42	48	-	-	-	-
Assistant Directors	**	7	7	3	-	-	-	-
TOTALS	355	466	431	518	7.5/1	7.1/1	7.9/1	8.6/1
					Number of Children Per Classroom Staff Member			
					9.8/1	9.7/1	10.4/1	11.3/1

*These categories are included in the totals.

**Indicates unknown

---

[7]In 1969-70, for the first time, the number of ancillary staff members was labeled as to their full-or part-time status. The breakdown was as follows:

	Full-time	Part-time
Social Workers	11	28
Psychologists	3	34
Nurse-Teachers	9	37
Social Worker Aides	12	11
Nurse-Teacher Aides	1	2

Figure 1

Proportionate Year-by-Year Changes in Numbers and Ratio of Children to Total Staff

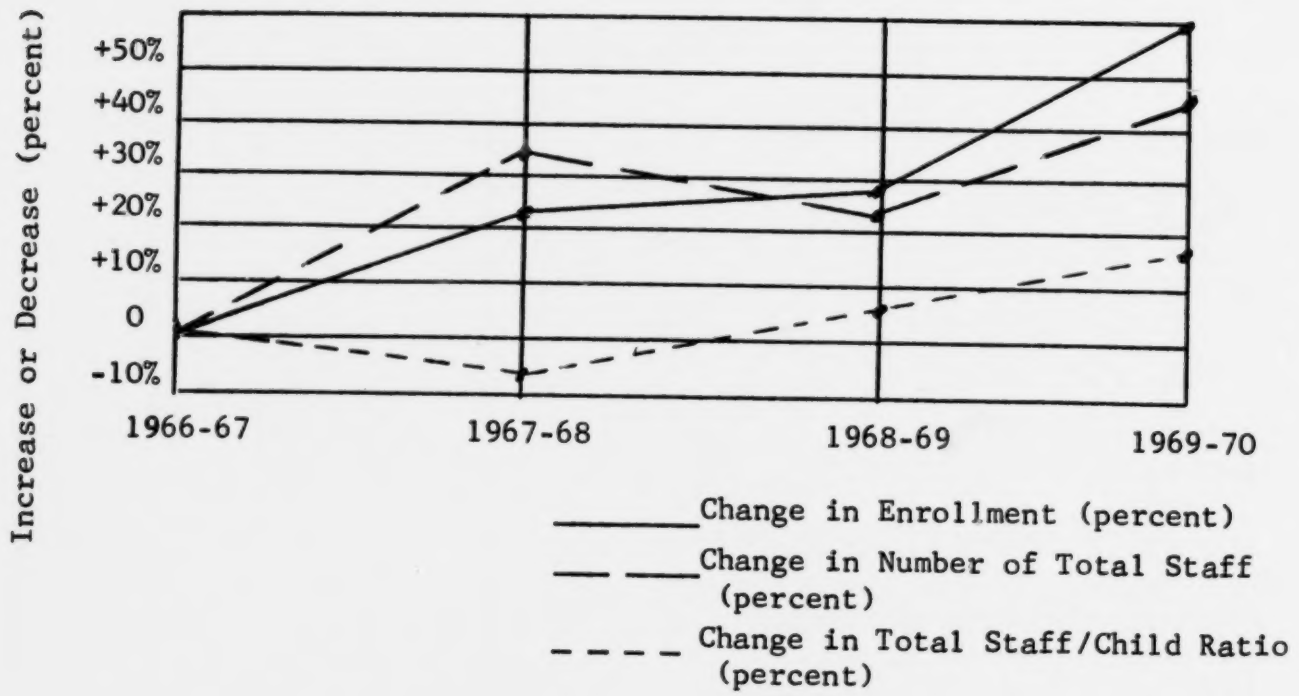
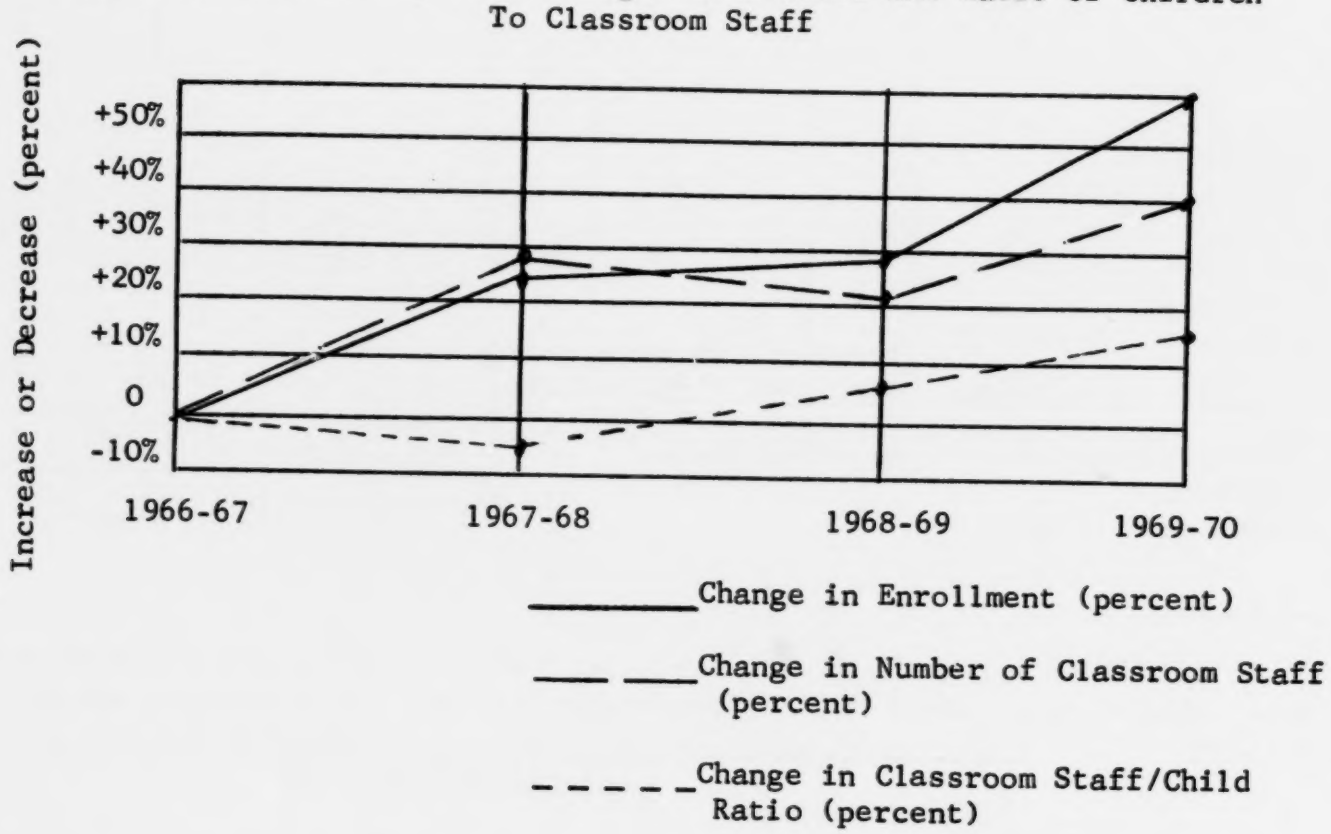


Figure 2

Proportionate Year-by-Year Changes in Numbers and Ratio of Children To Classroom Staff



Virtually all of the programs held case conferences which included both the teaching and appropriate ancillary staff (Table V). Almost all of the programs utilized observational records as a further means of identifying individual needs.

Table V

Conferences

	Total Number of Conferences	Number of Children Involved	Number of Children Involved More Than Once
Case Conferences	4519	1897	908
Parent-Teacher Conferences	--	3456	2428

Table VI below shows that the number of home visits per staff member, excepting nurse-teachers, increased substantially over the previous year, particularly in the case of the classroom staff. The various purposes of these visits are illustrated in Figure 3 on the following page.

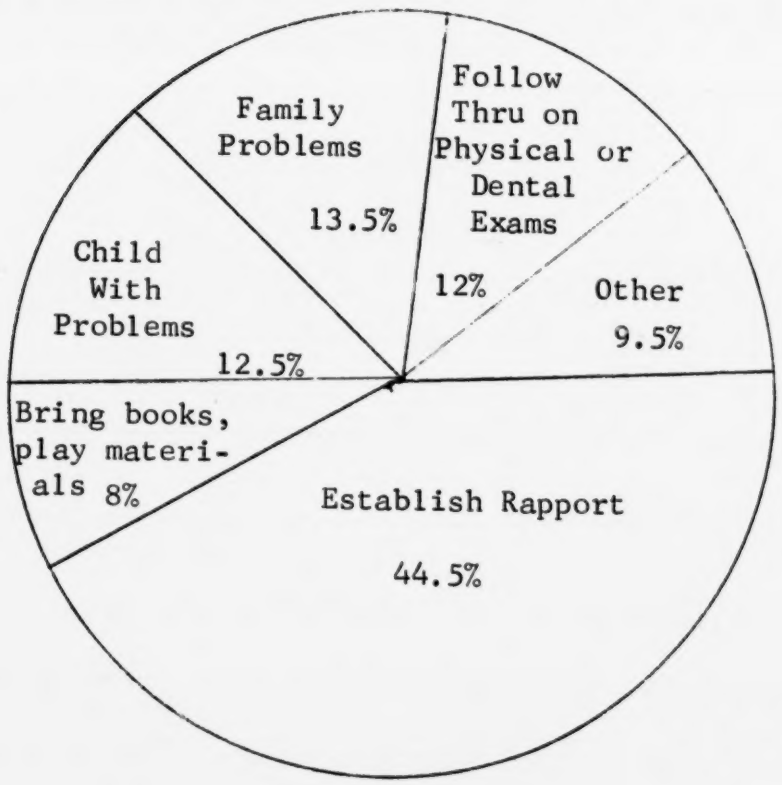
Table VI

Home Visits

Staff Members	Total Number of Home Visits				Number of Home Visits Per Staff Member			
	1966-1967	1967-1968	1968-1969	1969-1970	1966-1967	1967-1968	1968-1969	1969-1970
Teachers	1615	3689	4432+	7032+	13.6	23.1	29.2+	38.0+
Social Workers	2708	4820	3374	4460+	90.3	130.3	102.2	114.4+
Nurse-Teachers	2392	1521	1500	1497+	72.5	33.1	38.5	32.5+
Assistants or Aides	1368	2638	3679	6429+	9.1	14.7	21.0+	30.5+
TOTALS	8083	12668	12985+	19418+	24.3	29.9	32.5+	40.6+

Figure 3

The Purpose of Home Visits

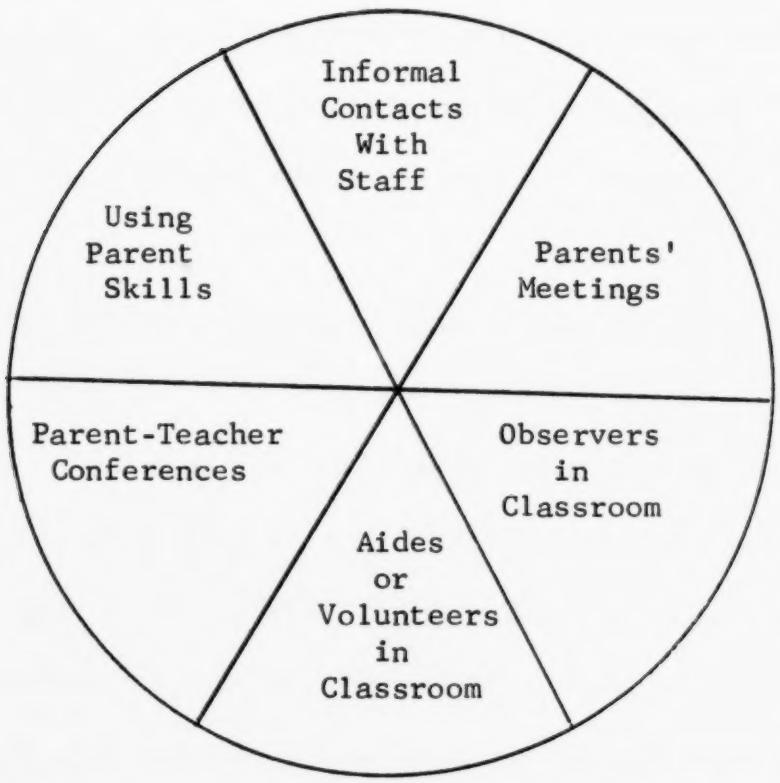


III. PARENT INVOLVEMENT

Although it is true that supportive adults must be present in the classroom setting, it is equally true, especially for children of pre-kindergarten age, that supportive relationships should exist at home. To achieve this aim, the Experimental Prekindergarten Programs attempt to provide parents with information and activities designed to change attitudes and acquire new values and modes of behavior towards their children. Figure 4 illustrates two classifications of parent participation: as aides or volunteers or observers in the classroom; and as participants in meetings and various activities having to do with the program.

Figure 4

Parent Participation in Classroom



Perhaps the best way that parents serve as supportive adults in the classroom is as aides or volunteers. Although figures are not available regarding parents as paid teachers' aides, approximately 30 percent were involved as volunteers, and approximately 25 percent of those parent-volunteers assisted on a regular basis. Thus, parents learned by experiencing, feeling, and living with a life style different from their own. Parents of nearly 90 percent of the children visited the classroom and more than two-thirds of these parents returned on subsequent occasions. In addition, the parents of almost 40 percent of the children participated in field trips. During the visits, the staff attempted to interpret what parents observed and tried to help them understand that play is learning.

• Parent Participation in Nonclassroom Activities

A variety of nonclassroom-related activities are designed to foster parent involvement. These allow for direct personal contacts by staff members in which mutual trust and respect are developed. As a consequence of close parent-staff relationships, an atmosphere is evolved wherein new ideas for growth are presented and where parents actually seek advice rather than view suggestions.

Whenever possible, parents are encouraged to bring and call for their children so that there may be informal contacts with teachers. Some centers provide coffee at this time or a place for parents to congregate.

Frequently, parents are brought together in both large and small groups in rooms made available during school hours. Parents participate in informal meetings which they have planned, to work at needed tasks, to see films, and to discuss mutual concerns of homemaking and guiding children.

Opportunities also are provided in a number of programs so that parents have a voice in making center-related decisions, serve on committees, attend staff meetings, and make suggestions regarding the needs and strengths of the program.

Two additional means attract parents to the classroom. The first capitalizes on the skills, talents, or unusual experiences of parents by having them share these with the children or other parents in a group meeting. Teaching others reinforces one's own learning and one's own feeling of adequacy. The second makes it possible for parents to provide some materials and equipment, or perform some service such as making an animal cage, flannel board, doll clothes, or repairing equipment. Thus parents feel that they are contributing to the childrens' education, and

the children can see that their parents' work is valued by others.

As a result of both formal and informal contacts between staff and parents, a number of parents undergo varied changes in behavior and, to some extent, in their life styles. (See Table VII.)

Table VII

Parental Changes as a Function of Staff Effort

Type of Changes Occurring as a Result of Staff Efforts	Estimated Number of Parents Involved in the Changes (Percentage of all Parents)
Obtained membership in public library	176 (4%)
Enrolled in programs for further education	197 (4%)
Indicate increased interest in physical self-improvement, (sewing, cooking, dieting, exercise, grooming)	569 (13%)
Received jobs	187 (4%)
Indicate increased concern toward child's health problems (medical, dietary, etc.)	1138 (26%)
Indicate increased concern toward children's school attendance	973 (22%)
Were able to locate better living quarters	142 (3%)
Received help in such other areas as in filling out welfare forms; applied for greater or additional types of benefits of which they were previously unaware	445 (10%)

A mother who had expressed severe depression and hopelessness regarding herself and her child's future was able to accept professional therapy for her child eventually leading to special school placement. The mother became involved in sewing instruction, made many handsome garments, modeled them in a parent fashion show, and is now enrolled in vocational training which will lead to a job for her.

* * * * * * * * * * * * * * * * * * *

In September, when we first met Mrs. V. she apologized continually for her broken English. She also revealed her feelings that school was a forbidding place to be in--a doorway to be respected and not crossed. After many months of friendliness and much concentrated effort on the part of the social worker and teaching staff, Mrs. V. felt that she could offer to come to school and work as a volunteer in the classroom.

* * * * * * * * * * * * * * * * * *

M. is the third daughter of the B. family to be entered in prekindergarten. Much improvement in the material furnishings and interior redecoration of the home has been noted. Mr. B. has assumed an active leadership role in the Human Rights Council. Mrs. B. says he has joined book clubs for the children.

* * * * * * * * * * * * * * * * * *

Mrs. G's older daughter was having severe difficulties academically, to the point where special education was being recommended. Existing marital problems were further aggravated because the father was quite partial to that daughter. Through cooperative work with the psychologist in that child's school, the mother was taught special remedial techniques which she used with her daughter. Within a few months, there was such a noted improvement that the plan for special education was dropped. As one can imagine, not only was this mother extremely pleased with herself, but her concept of the school changed.

* * * * * * * * * * * * * * * * * *

Several parents have stated that one of the best things that ever happened to them was having the opportunity to work in the school system. They have become more aware of the difficulties and problems the school and staff encounter. They decided to take a more active and concerned part in school activities.

* * * * * * * * * * * * * * * * * *

IV. EVIDENCE OF GROWTH AND DEVELOPMENT

We have been describing the program for children in terms of planning and programing for the classroom and with regard to both staff and parent participation in the program. It would seem apropos, at this point, to spend some time in evaluating the evidence for the growth and development of the children involved in the prekindergarten program, as well as determining the efficacy of particular activities for accomplishing specific objectives.

Data relating to the use of a number of checklists, scales, tests, and other instruments and their results have been obtained from each of the programs. At present, this information is being analyzed by the Bureau of Department Programs and Evaluation.

- Cognitive Growth

With respect to cognitive changes which have taken place in the children, the following anecdotes may prove instructive as well as serve as evidence of such growth:

> In order to enhance or accelerate the cognitive development of a child, one must first understand the youngster's particular intellectual strengths and weaknesses and the level at which he operates. Then plans can be made to bolster his deficits, to focus on areas which require strengthening. Careful diagnosis of his pattern and level of intellectual functioning is therefore as essential to the process as are curriculum innovations and lesson plans.
>
> Kim's story illustrates the last statement very clearly. She is a petite and very verbal 3-year-old whose clearly articulated speech and outgoing, assertive manner made her seem bright and alert. Everyone, therefore, was very astonished when the prekindergarten staff psychologist found her IQ on the Stanford-Binet to be only 79 and her level

of verbal and nonverbal conceptual development relatively low. Closer observation of her behavior and speech corroborated the psychologist's findings. Kim was not utilizing her abilities to learn. She seldom listened to adults or focused her attention on any classroom projects. She used verbal labels carelessly and incorrectly, and she confused many basic concepts. Once her teacher was aware of her surprisingly serious deficits, plans were made to help her develop a longer attention span and an understanding of concepts and labels. The task proved difficult because Kim was determined to avoid adult demands and go her own way. Slowly, however, she began to attend and to learn.

* * * * * * * * * * * * * * * * * *

Michael spoke very fluently and at first most adults were impressed with his command of the language. Many learning situations showed that Michael's language was a coverup for many facts he didn't know. As adults became aware of his lack of knowledge, his use of words no longer served as a successful weapon. We constantly reinforced the fact that he came to school to learn. We also admitted lack of knowledge in certain areas. At the end of the year, going over a checklist, he was asked certain questions. At one point, he thought about the question and turned to the teacher saying "I don't know."

* * * * * * * * * * * * * * * * * *

After observing Michele for 2 weeks, the teacher concluded that she was unable or unwilling to follow even a two-word direction. Verbal directions seemed to confuse her tremendously. If her teacher wanted her to do anything, she would have to take her hand and show her what to do. The teacher continued to use only two-word directions and slowly, Michele began to respond. At this point, she can follow a simple direction consisting of 10 to 15 words.

* * * * * * * * * * * * * * * * * *

"I'm finding out what's metal," says David, touching things with a magnet. "It picks up things just like the big one that picks up cars." He is puzzled because the magnet does not stick to an aluminum strip on the table. I gave him an aluminum dish to test.

"Is that metal?" I ask. "Yes." "Why won't the magnet pick it up then?" I ask. David says, "Some kinds of metal it won't pick up."

* * * * * * * * * * * * * * * * *

There were several children in the group who thought that cornbread and corn muffins were two different kinds of bread. The children mixed ingredients for the bread,and the batter was put into a pan and into a muffin tin. There was still some uncertainty about the breads until it was baked and tasted. While D. was tasting the bread, she said, "It's the same," and other children, smiling with surprised looks on their faces, said, "It tastes the same."

* * * * * * * * * * * * * * * * *

One child had owned very few manipulative toys and found such articles frustrating, though she appeared to be quite bright in every way. We worked with one puzzle for some days until she had "mastered" it. She then proceeded to work every puzzle in the room within the next week.

* * * * * * * * * * * * * * * * *

Myra came home from school and announced that she sat at a <u>hexagon</u>. When asked what that was, she replied, "A table that has six sides."

* * * * * * * * * * * * * * * * *

We were discussing the taste, feel, color, and shape of grapes at snacktime one day. The next day, there were some grapes in the jello squares. Dawn said, "The grapes are round but the jello is square."

* * * * * * * * * * * * * * * * *

While singing songs about animal sounds, the children were choosing farm animals to imitate. When one child said, "Tiger," the others said, "No - the tiger doesn't belong on a farm."

* * * * * * * * * * * * * * * * *

When Selma first came to school, she was very verbal and outgoing. It soon became apparent, however, that her responses were not focused and were very disconnected. The teacher and aide began to work with her on a one-to-one level with books, games,

and puzzles, verbalizing each step. In the middle of the year, the Bank Street set "At the Supermarket" was introduced to the group. One of the techniques used with all of the children was constant one-to-one situations, starting with verbalizing about a large poster, and building on this with the use of books and puzzles. Selma was very enthusiastic and involved with the project, and we began to realize that she was focusing more and more, and that her ideas were flowing from one concept to another. This began to carry over into other areas of the program.

* * * * * * * * * * * * * * * * * * *

Throughout the course of the program, each of the staff has opportunities to observe and, in some cases, examine the children with respect to difficulties children evidence in the areas of speech and language development and socioemotional development. When such problem presents itself, work is begun with the child to correct or alleviate the difficulty.

Typically, speech and language problems fall into two main categories: those which are developmental in nature and those which are organic, functional, or emotional in nature. (See Tables VIII-A and B.)

Table VIII-A

Children's Speech Problems

(Developmental problems which typically will correct themselves through maturation and learning)

	Number of Children With Problems	Number of Children Who Made Progress
1) Non-English speaking	156	151
2) Dialect problems	159	147
3) Combine words inappropriately but can be understood	400	355
4) Understand words but cannot follow directions without visual clues from teacher	241	209

Table VIII-B

(Nondevelopmental problems of organic, functional, or emotional origin)

	Number of Children With Problems	Number of Children Who Made Progress
1) Organic - (A malformation of some speech-related organ, e.g., cleft palate)	31	21
2) **Functional Disorder*** (Not a malformation of speech organs, but which may be a result of a pathological disorder elsewhere in the organism.	125	84

*Some of the disorders listed under this category are as follows: 1) allergies that cause oral and nasal discharges; 2) deafness or hearing problems; 3) brain damage or cerebral palsy; 4) emotional problem, trauma, or autism; 5) articulation problems and unintelligible or cluttered speech; 6)"tongue-tied" children; 7) stuttering or stammering; 8) enlarged tonsils or adenoids; 9) cleft palate; 10) spinal meningitis; and 11) rubella.

Various methods of dealing with speech and language-related problems have been attempted. A number of anecdotal responses were reported, some of which appear below:

> Several mothers whose prekindergarten children had speech problems were involved in helping their children to speak more clearly. They understood that their attitude towards their childrens' speech problems must be a positive one. Each parent guarded herself against being overly critical.
>
> * * * * * * * * * * * * * * * * * *
>
> Just as adults who visit a foreign country will understand far more than they can express in a foreign language, so it is with children. Whether they are foreign speaking, or whether they speak in southern dialect, it takes a long time for children to feel comfortable using middle-class American-English speech. The best way to note the language progress of children is when they are unaware of the adult's presence. One

day, the teacher overheard a Puerto Rican child, who had been rather isolated from the group, talking on the toy telephone. "Hello," she said, "I speaking English on the telephone!" It was the first time she had been heard to speak English, and she progressed steadily after that.

* * * * * * * * * * * * * * * * * *

K. came to school with a severe speech problem. It was almost impossible to understand what she was waying and hence she was very quiet and played alone most of the time. With much individual attention and correcting of her pronounced words, K. has become more talkative, shows a good deal of pride in the fact that her speech is comprehended, and makes a genuine effort to speak clearly. Because she can communicate better verbally, she has established some peer relationships.

* * * * * * * * * * * * * * * * * *

M. communicated with hand gestures, pointing, nudging, nodding head, babbling sounds, and immature speech. He used a few words, but even these were not understood. After 2 weeks of observation, the teacher discovered that M. actually had more than a few words in his vocabulary, but for some reason he didn't use them. The teacher encouraged M. to use words instead of pointing or nodding. He was helped by repeating words to him, by providing new words for him, by giving him opportunities to express himself, and by praising him for attempting to speak. The mother tried some of the techniques at home and told the teacher what a difference it had made in M's talking.

* * * * * * * * * * * * * * * * * *

J. entered class quietly, his large dark eyes watchful, and his participation primarily limited to sitting at a table or in the group. He came from a family which had two children already enrolled in special classes. The teacher and the aide watched him to determine how limited he would be in functioning in the class. J., from a Spanish-speaking family, was not expected to speak in class. Soon the teacher learned that he understood many of the things she said. He responded by beginning to follow her simple directions before midyear. Then she discovered that J's family was getting tutorial help from a group of American students. Late in the school year, J, though still silent much of the time, began to laugh, and shortly began to

react to the other children in class and to participate more freely in the program. His need to have his teacher interpret his needs in English and get acceptance by watching for his nod of assent gave way to his being able to state his simple needs. His English speech is still very limited,but he has begun to actually speak in school and he will be sent to a regular kindergarten class in September. He and his family both have clearly benefited from the school and the accompanying efforts of five young adults who tutored them all winter.

* * * * * * * * * * * * * * * * * *

N. came to prekindergarten with few words we could understand. He spoke one word sentences. He now can form short sentences.

* * * * * * * * * * * * * * * * * *

C. had about a 10-word vocabulary. He had been working with a speech pathologist the summer prior to his entrance to school. After several months in prekindergarten, the pathologist came to visit the boy in school. She was amazed at not only his ability to verbalize but that he could now remember and say her name.

* * * * * * * * * * * * * * * * * *

We tried to encourage children to express themselves creatively and to "capture" such expression when it occurred. Such phrases were written down, shared with other children and with the child's parents:

Sheri told us one day, "I went to the dentist and got two refills in my cavities."

* * * * * * * * * * * * * * * * * *

On a stormy day, Davina shouted,"Hey, it's thundering and cloudering out there!"

* * * * * * * * * * * * * * * * * *

To Shelly, white gloves were "church mittens."

* * * * * * * * * * * * * * * * * *

Stephen was watching fish swim rapidly up and down in the aquarium and commented, "They're doing Jack and Jill in there!"

• Socioemotional Well-Being

The primary responsibility for identification, and more importantly, the treatment of socioemotional problems, rests with the teacher and the staff psychologists, with the assistance of social workers.

Table IX

Socioemotional Development 1969-70

Children Identified as Having Socioemotional Problems	Originally Identified by Staff	Originally Identified by Parent
A. Number of Children	932	186
B. Of those in A, how many were referred to psychologist?	552	75
C. Of those children counted in B, how many were helped primarily through each of the following:		
1) referred back to classroom?	218	7
2) counseling with parents?	238	45
3) referred for professional therapy?	96	23
D. How many needed therapy but did not receive such care?	46	12

Table IX summarizes the findings for 1969-70 regarding socioemotional problems encountered by the children. It should be noted that approximately 25 percent of the children were identified as having socioemotional problems. More than 55 percent of those so identified were referred to the psychologist, and of that 55 percent, nearly 20 percent were referred for professional therapy. In 1968-69, slightly over 25 percent of the children were identified as having socioemotional problems, approximately 55 percent of whom were referred to the psychologist, but only 15 percent of those were referred for professional therapy. One might interpret that the staff is becoming more selective in their definition of socioemotional problems.

In 1969-70, as in 1968-69, slightly more than half of those in need of therapy were unable to receive help, for a number of reasons.

> Michael had had little or no experience with children since his family lived on a large estate where his father was employed. In addition, many restrictions had been imposed for "proper" behavior. Michael was frightened and stiff initially; seemingly, the noise and freedom were too confusing. One assisting teacher built a "house" for him with screens to create a safe, quiet, structured setting. Telephones, mail, and milk began to be "delivered" and were accepted. This created initial communication between Michael and the other children. Pictures were made for him to decorate his house. Michael began to use these materials and to send out invitations to given children to join him for a snack. He began to accept invitations from children to join the "outside world." Interestingly, as Michael left the house, others with similar problems began to use the house.
>
> Michael now has accepted all members of the staff, and, while he still seeks out the adults, he has developed close relationships with children and is more relaxed. He uses materials spontaneously and is generally freer and able to accept the "noises" of life.

* * * * * * * * * * * * * * * * * * * *

When Angelo entered prekindergarten this past September, he was still the angry child, concerned mainly with "violence." He fantasized aloud about monsters and giants. He saw himself as a super-destructive power. He was frightening to the group and suffered punishment at home because of this aggressive attitude. The family resides in a commercial area in a three-room apartment. Sleeping facilities are limited and the children and parents rotate from the bedroom to the couches in the living room. Mrs. P., an attractive, vibrant woman, with an explosive temper, can be quite harsh with the children. Her physical approach resulted in visible skin abrasions that caused staff to be concerned about the extent of abuse being suffered by the children.

The social worker spoke very frankly about Angelo's provocative behavior. Mrs. P. was able to verbalize her own anger, and share her feelings about the children, her husband, and the family living arrangements. She was concerned about Angelo's interest in violence.

The psychologist helped the teacher understand Angelo's needs and Angelo's behavior. Gradually, Angelo began to relax and recognize other ways of behaving which offered success and satisfaction. His classmates became less frightened,and Angelo's relationship with his peers improved. Angelo still sees himself as powerful and physical but does not use fantasy as completely or as a means to control the world about him.

Mrs. P. has begun to speak English and realizes that learning to speak and read will make for a greater understanding between herself, the children, and the world in which she expects to live. She is looking forward to a better apartment or house and is tremendously pleased with Angelo's progress.

* * * * * * * * * * * * * * * * * *

Mrs. A., foster mother of A, sent a note indicating she was withdrawing A. from prekindergarten. When visited by the home-school coordinator, she maintained A. was becoming more of a discipline problem at home. A team conference involving the foster mother, teacher, and home-school coordinator provided opportunity for an exchange of ideas. Mrs. A. learned the teacher was trying to help A. develop self-control. At home, she demanded perfect behavior and severely punished his misbehavior. She gained a better understanding of A. and was able to help him with his behavior as the year progressed.

* * * * * * * * * * * * * * * * * *

A 3-year-old child from a newly arrived Cuban family cried incessantly for the first 2 months of school. The Spanish speaking teacher aide noted that he hardly knew how to speak even in Spanish. She had to carry him constantly and although he wanted her desperately he was so disoriented that he didn't even know how to cling to her. Our decision to keep him in school was based on two things. We knew that his mother was emotionally unstable and was likely to mistreat and neglect him; the teacher aide was convinced that she would be able to help the child in school. She did not object to the extra strain his dependence put on her. Her sound intuition, skill, and strength has been rewarded. At this time, he seems like a different child. Several parents have remarked on the change in him. He is happy and talkative, relates to adults and children, speaks Spanish well, and is beginning to speak English.

• Health Care and Nutrition

Children's health and nutritional needs receive paramount attention. Healthy children have a better chance to live and to learn. To give children the best possible start in school, a number of services are provided, each of which will be described in this section.

The Experimental Prekindergarten Program employs nearly 50 nurse-teachers and three nurses' aides. Their tasks are to keep medical records for each child, to accept full responsibility for the health services programing, to take part in staff meetings and case conferences and to visit homes. Finally, a specific goal of the program is to employ the maximum number of certified nurse-teachers needed. In 1969-70, more than 70 percent of these staff members were so qualified.

Table X

Health Examinations 1969-70

Type of Examination	Number of Children Examined by School	Number of Children Having Parents Present at School Examination (percentage)	Number of Children Examined by Private Physician
Physical	1841	572 (31.1%)	2132
Dental	2414	293 (12.1%)	1157
Visual	3564	215 (6.1%)	354
Auditory	3521	127 (3.6%)	223

Table XI

Health Examinations[8]

Type of Examination	Number of Children Receiving Exams (percentage of total enrollment)				Percentage of Parents in Attendance at Examination			
	1966-1967	1967-1968	1968-1969	1969-1970	1966-1967	1967-1968	1968-1969	1969-1970
Physical	2600 97.9%	3052 92.5%	2866 87.5%	3973 89.0%	*	49.8	54.7	67.6
Dental	2501 94.2%	2640 80.1%	2817 86.0%	3571 80.0%	*	16.9	30.4	40.6
Visual	2381 89.7%	2674 81.1%	2775 88.6%	3918 87.8%	*	11.0	2.8	14.5
Auditory	*	2400 72.8%	2433 77.7%	3744 83.9%	*	2.9	4.8	9.3

* signifies unknown

With regard to health examinations, an analysis of both Table XI and Figure 5 indicates the need to increase the percentage of children receiving examinations. It should be noted, however, that a 30 percent increase in enrollment occurred in 1969-70 over the previous year. Although the proportion of children receiving dental examinations decreased, the figures for the other examinations either increased or showed no significant change. If we also consider an apparently successful attempt to increase parent attendance at health examinations (See Figure 6), accompanied by the fact that a large number of examinations were conducted by private physicians (See Table X), we can conclude that the health program gained some significant ground in 1969-70.

[8]These figures include the children who were given a physical examination by a private physician, as well as those who were examined at school. If the exam was performed privately, it was assumed that a parent was present at the time, and this is reflected in the appropriate segment of the table. The figures for 1969-70 are shown in Table X.

Figure 5

Percentage of Children Receiving Health Examinations 1966-1970

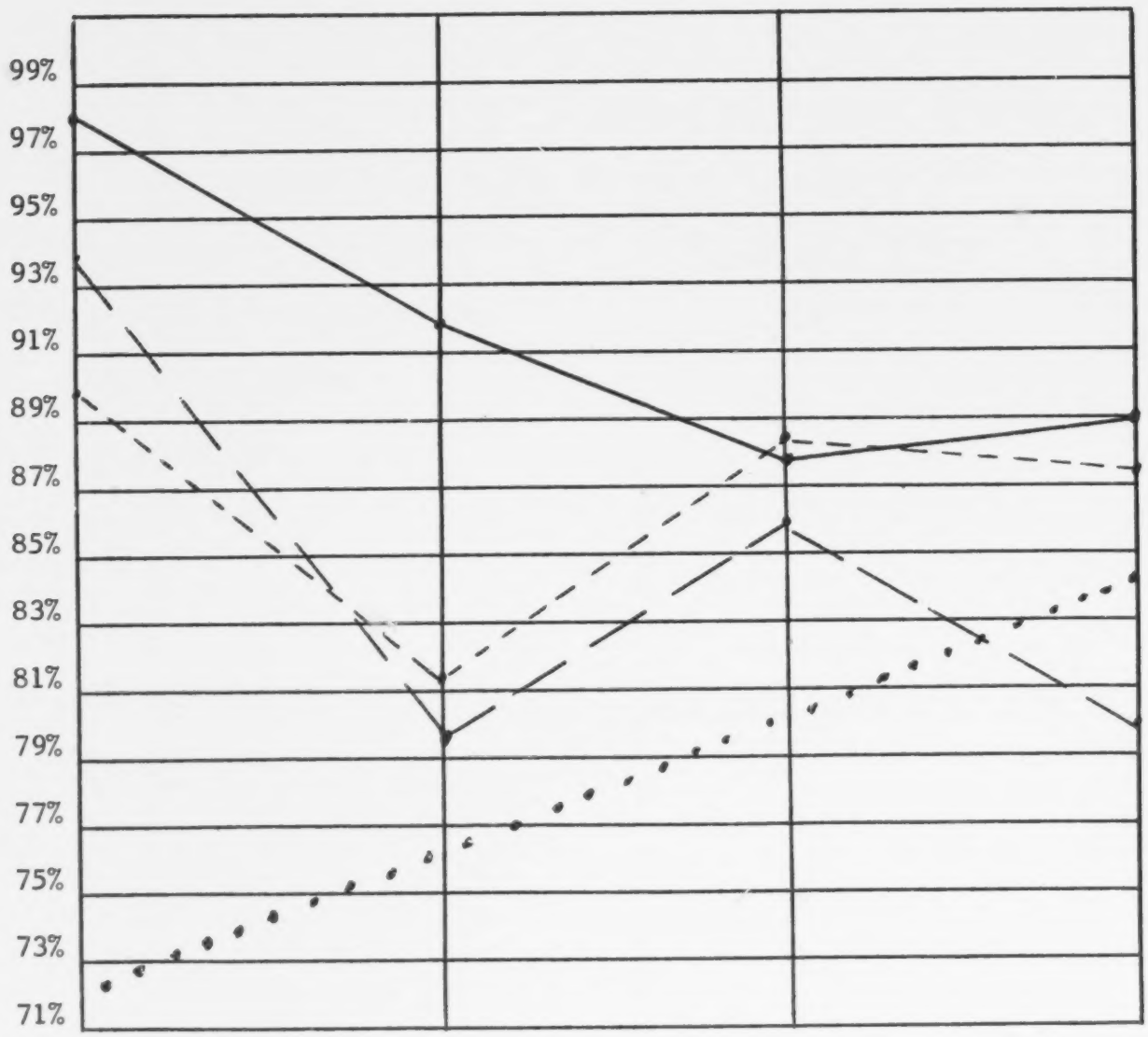
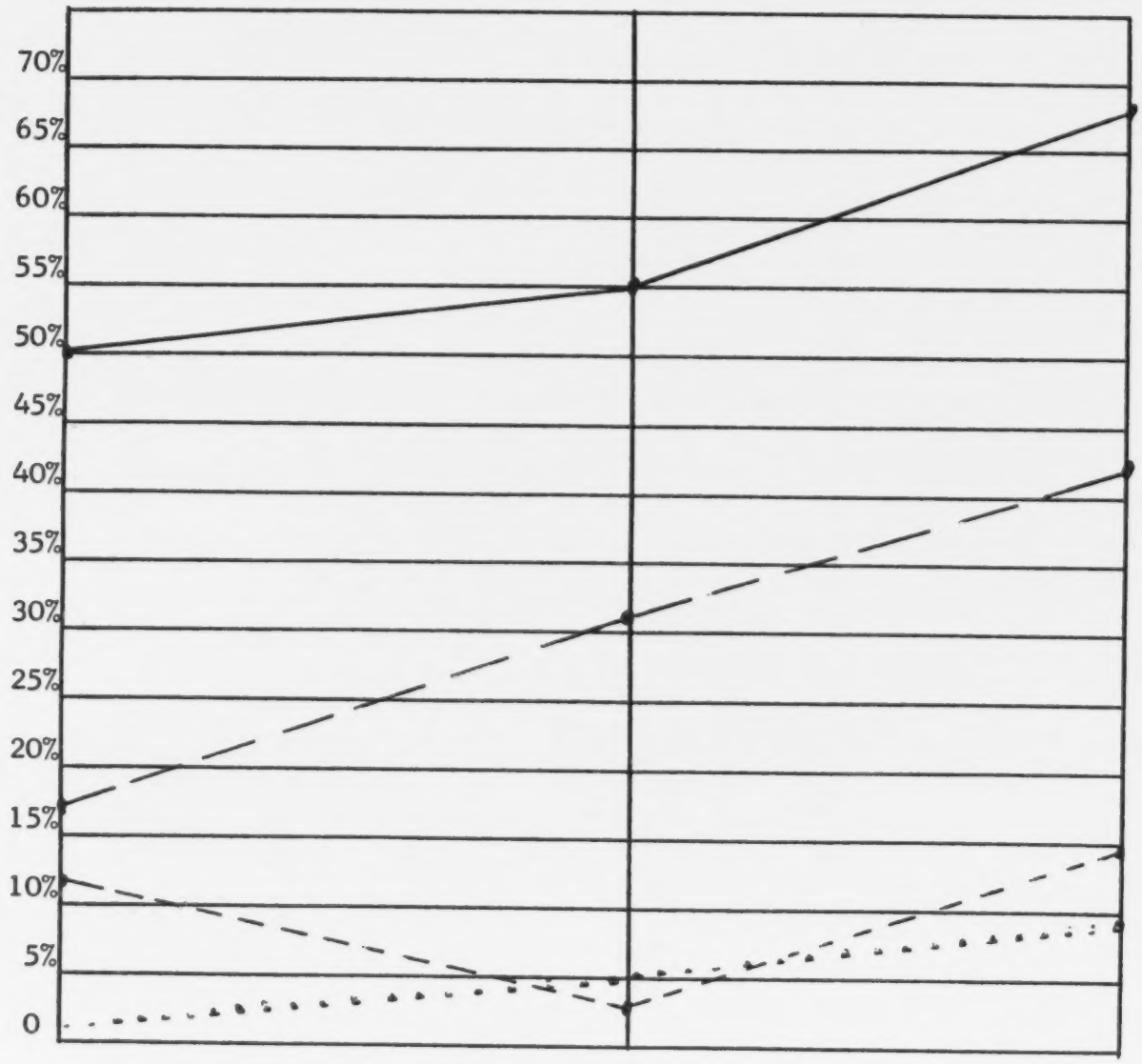


Figure 6

Percentage of Parents Present at Health Examinations 1967-1970



- Health Problems and Treatment

Table XII

Health Problems

Type of Examination	Problems Identified	Frequency of Occurrence of Defect			Proportion of Children Suffering from Defect		
		1967-1968	1968-1969	1969-1970	1967-1968	1968-1969	1969-1970
Physical	Malnutrition	49	45	73	1.6%	1.6%	1.8%
	Tonsils	157	133	246	5.1%	4.6%	6.2%
	Orthopedic	49	84	62	1.6%	2.9%	1.6%
	Cardiac	68	71	61	2.2%	2.5%	1.5%
	Hernia	52	45	77	1.7%	1.6%	1.9%
	Other	62	177	132	2.0%	6.2%	3.3%
	Subtotals	437	555	651			
Dental	Caries	955	971	1200	36.2%	34.5%	33.6%
Visual	Unspecified	235	224	246	8.8%	8.1%	6.3%
Auditory	Unspecified	104	213	218	4.3%	8.8%	5.8%
	Totals	1731	1963	2315			

Table XIII

Treatment of Health Problems 1969-70

Type of Examination	No. of Defects Previously Known to Parents	No. of Previously Noted Defects Under Treatment	No. of Newly Discovered Defects	No. of Newly Discovered Defects Under Treatment	Percentage of all Defects Not Under Treatment
Physical	329	266	527	404	21.7%
Dental	325	288	1005	582	34.6%
Visual	90	81	156	119	18.7%
Auditory	46	44	172	100	33.9%
Totals	790	679	1860	1205	28.9%

Table XIII indicates that nearly 30 percent of the detected health problems remain untreated due to lack of available medical resources, lack of parental concern, appointments scheduled for a later date, or treatment unnecessary at present.

A. appeared normal upon arrival at prekindergarten. After physicals were given, a heart defect was found.

* * * * * * * * * * * * * * * * * *

B. seemed to be talking very loudly while playing with the other children. After an ear screening test, it was found that he had a hearing loss in both ears.

* * * * * * * * * * * * * * * * * *

C. was observed to physically pitch forward on her toes. When overstimulated, she became loud and aggressive. In a hearing test, it was discovered she was totally deaf in one ear and partially deaf in the other. However, her language development was good!

* * * * * * * * * * * * * * * * * *

P. came to school in noticeably poor health. He had a constant cold, running nose, numerous infections on his face, poor eyesight, appeared sluggish, and poorly coordinated. It was decided that before psychological and neurological testing, he would receive a thorough physical checkup. It was discovered that P. had severely infected tonsils and adenoids but the mother was fearful of having them removed. With a great deal of encouragement from teacher and psychologist, Mrs. J. had her child's tonsils and adenoids removed. The change in P. in a short time was just amazing - he gained color - started talking - had no more colds - began relating to other children and adults.

* * * * * * * * * * * * * * * * * *

Mrs. K. had felt that her child was "bad," because he was rebellious, often refused to do what was asked of him, and threw things at his mother. A speech and hearing evaluation revealed defects and indicated that the child's behavior was due to his frustrations in trying to communicate. The mother is more tolerant of the child's behavior and is able to help him under-

stand and cope more adequately with his problem. He is under treatment at the Speech and Hearing Clinic.

* * * * * * * * * * * * * * * * * *

One mother told us she was reluctant to send a child to school because he had convulsions at home. We convinced her to send him and made arrangements to have him examined at a neurological clinic. It was found that he had suffered some brain damage which is now controlled by medication. He takes a happy, active part in all school activities.

* * * * * * * * * * * * * * * * * *

• Food Served

A goal, integrally related to the health of the children, has to do with the food program. Nutritious foods, particularly foods high in protein, mineral, and vitamin content, are provided daily. Depending on the needs of the children and facilities of the program, one or more of the following is usually provided: breakfast, mid-morning and mid-afternoon snack, expanded snack, or hot lunch. The nutritional value of the children's diets is improved both through the provision of meals and snacks at the school and through educational programs for the parents.

Table XIV

Food Served 1967-70

Type of Meal	Number of Children Served Daily (Average) (Percentage of Total Enrollment)		
	1967-1968	1968-1969	1969-1970
Breakfasts:			
Regular	214 (6.5%)	401 (11.7%)	870 (19.5%)
Sporadic	172 (5.2%)	285 (8.3%)	191 (4.3%)
Snacks:			
Simple	1013 (30.7%)	1357 (39.7%)	1682 (37.1%)
Expanded	1635 (48.7%)	1972 (57.7%)	2264 (50.7%)
Hot Lunches	1126 (34.1%)	1203 (35.2%)	1822 (40.8%)

Although each program emphasized that aspect of the food program which best suited its needs, on the average, they were emphasized in the following order:

1. Serving of foods high in protein (ranked 2d in 1968-69).
2. Introduction of new foods (ranked 1st in 1968-69).
3. Foods served separately so that each distinct food is introduced as a separate entity (ranked 4th in 1968-69).
4. Serving of foods eaten specifically with fingers (ranked 3d in 1968-69).

The food program, as a part of the overall health program, serves both to educate parents to the nutritional needs of their children and to meet those nutritional needs in a remedial manner. It is, therefore, important that activities relating to the following nutritional issues be developed.

How can we ascertain which children are hungry when they arrive at school? The following are some of the more interesting techniques that were developed by various staff members:

- Talk with children about what they had to eat prior to coming to school.
- Question mothers.
- Observe amount of snacks or lunch consumed.
- Observe behavior - lassitude, listlessness, testiness, low level frustration, withdrawal, aggressive behavior.
- Note children who frequently almost miss the bus. Have they also missed breakfast at home.
- Note children who eat several servings of breakfast at school.
- Observe child who eats quickly so he can get more food.
- Observe child who asks for second and third helpings and never ceases to be satisfied.
- Note children impatient for snack time or lunch time.

- Observe child who complains that his stomach is "talking" or aches.

In what ways can we ascertain what is lacking in the disadvantaged child's home diet to help in planning menus? Here are some ways:

- Physical and dental examinations and child's appearance.
- Child's lack of familiarity with certain foods.
- Observation of the child's eating patterns.
- Inquiring of parents and children.
- Awareness of local food prices and cultural preferences.
- Home visits during mealtime.

How can we provide for children with nutritional deficiencies? Here are some approaches:

- High protein foods, fresh fruits and vegetables, juices, milk, and other dairy products served.
- Children carefully observed on a continuing basis as to their health and nutrition.
- Leftover food sent home with parent volunteers.
- Adding or substituting enriched bread and wheat germ.
- Special foods provided for children with specific problems.

How can we alert parents to the nutritional needs of all children? The following list of activities is a small sample of those attempted:

- Sending menus to parents and including menus and recipes in the newsletter.
- Providing films, lectures, discussions, and demonstrations relating to nutrition, foods, menu planning, and health.
- Organizing cooking classes for parents.
- Developing cookbooks of tested menus and menus relating to varied uses of surplus foods.
- Encouraging parents to observe or take part in meals at school.

V. PLANNING FOR CONTINUING PREKINDERGARTEN GOALS IN KINDERGARTEN AND PRIMARY PROGRAMS

If help to disadvantaged children were to stop at the conclusion of a year in a prekindergarten class, we might find that an immense amount of effort would come to no avail. For that reason, the following are considered an extremely important part of the overall program:

- There should be evidence of planning for continuous progress of children from prekindergarten through the primary grades. Attention ought to be directed to class size, teacher-pupil ratio, a quest for materials that interest disadvantaged children and methods that are geared to specific learning styles of these children. Assessment of children should be planned in terms of individual performance and growth rather than in terms of comparative norms. The emphasis is upon the child as a learner and his image of himself as someone capable of learning throughout his life.
- Directors of Elementary Education should be involved in planning for prekindergarten and continuation of programs in kindergartens and primary grades. Such issues as continued small classes, new methods and materials, ungraded sequences through the third grade level until the child has obtained a basic competence in skills required by the higher grades, and integration of disadvantaged children with middle class children are relevant.
- The parent program should be developed with the understanding that this involvement is the beginning of many years of participation on the part of the parent with

increasing assumption on their part of a leadership role.

From the inception of the prekindergarten program, there has been an assessment of the changes in kindergarten and primary programs. Meetings and activities have been designed to increase articulation between the prekindergarten and the elementary schools, to encourage and implement changes in the elementary schools, and to increase parent involvement.

Table XV-A

Meetings of Teachers 1969-70

Type of Meeting	Number of Programs Reporting.....Meetings		
	None	Few	Many
Prekindergarten and kindergarten	4	30	14
Prekindergarten, kindergarten and first grade	23	22	3
Prekindergarten staff and elementary school administrators	9	26	13

Table XV-B

Intervisits 1969-70

Type of Intervisit	Number of Programs Reporting.....Intervisits		
	None	Few	Many
Kindergarten teachers visited prekindergarten class	10	30	8
First grade teachers visited prekindergarten class	27	20	1
Prekindergarten teachers visited kindergarten class	4	27	17
Prekindergarten teachers visited first grade class	25	19	4

Table XV-C

Changes in Kindergartens 1969-70

Types of Changes	Number of Programs Reporting.....Changes		
	None	Few	Many
How many kindergarten teachers made substantial changes in classroom organization?	13	27	5
How many kindergartens had substantial additions in equipment?	20	15	10
Number of teacher-aides assigned to kindergarten for first time?	25	17	3
Number of kindergartens that had class size reduced?	25	13	7
Number of kindergarten teachers made home visits for the first time?	24	20	1

Mrs. F.,who is the only parent in a six-child family, enrolled K. in school for "some time for myself" only. Because of her older childrens' lack of success in school, she took a dim view of the educational system. "I gotta teach my kids myself - those teachers don't know what they are doing." Mrs. F. spent a good deal of time in school, observing and participating. She developed a warm relationship with all teachers and aides in the building (sewed and baked for us) and was openly very comfortable in school. Towards the end of the school year, she would come to me for advice in handling school problems with her older children and was encouraged to approach their teachers and counselors for a better understanding of what the schools are trying to do. Her attitude at the beginning was - prekindergarten is the only valuable school experience for children - but after encouragement, she informed me that she had met two of her boys' teachers who were very warm and understanding of her sons' skills and weak areas. Hopefully, she will carry this newly acquired positive attitude toward school authorities through the elementary school.

* * * * * * * * * * * * * * * * *

VI.

NEW YORK CITY

The New York City Board of Education conducted Experimental Pre-kindergarten Programs similar in organization, staffing, and services to the programs operated by other boards of education. Because the New York City programs have an enrollment of 1,500 children in 50 classes, it was deemed advisable to present in a separate section the statistical data regarding these programs. All nonstatistical information received from New York City was included in the previous sections.

Table XVI - New York City

Children Enrolled in Prekindergarten Program 1969-70

Enrollment: 1969-70	Number of 3-Year-Olds	Number of 4-Year-Olds	Total Number of Children
Number of children attending at least one day or more	12	1520	1532
Number of children attending on a regular basis	7	1455	1462

Total number of applications received-2249; number refused enrollment but classified as eligible-486.

Table XVII - New York City

"Index of Need" for the Selection of Children 1969-70

Category of the "Index of Need" under which children had to qualify to be eligible for enrollment in the program.	Number of children qualifying under this category of the "Index of Need."	Relative emphasis placed on each of the categories by rank order.
LIMITED INCOME:		
.family receiving assistance from Welfare Agency	682 (43%)	1
.family eligible for medicaid	687 (45%)	6
.family with foster children	13 (1%)	12
.family evidencing nutritional deficiencies	89 (6%)	7
LIMITED HOUSING:		
.family with high density of population per dwelling	494 (32%)	5
.family living in low value and low standard housing	691 (45%)	3
.family residence in segregated area with respect to race or socioeconomic class; ghetto, reservation, migrant camp,etc.	806 (53%)	11
.family isolated in remote rural area	0 (0%)	14
.family experiencing frequent change of address	91 (6%)	13
LIMITED FAMILIAL ENVIRONMENT:		
.family with record of adult or juvenile delinquency	39 (3%)	10
.family with living conditions which are harmful or limiting to normal development	366 (24%)	2
.family with single parent or changes in parent	412 (27%)	4
.family with history of chronic illness	98 (6%)	9
.family with low aspirational level	246 (16%)	8

Table XVIII - New York City

Formal Staff Training 1969-70

	Number of Staff Enrolled in College Courses	Number of College Courses Staff Members are Enrolled In	Number of Staff Involved in Other Types of Formal Training
Teachers	21	31	26
Assistant Teachers	0	0	0
Aides	7	10	48
Nurse-Teachers	3	3	3
Social Workers	4	5	7

Table XIX - New York City

Conferences 1969-70

	Total Number of Conferences	Number of Children Involved	Number of Children Involved More Than Once
Case Conferences	1452	508	288
Parent-Teacher Conferences		1152	783

Table XX - New York City

Home Visits 1969-70

Staff Members	Total Number of Home Visits	Number of Different Homes Visited	Number of Home Visits Per Staff Member
Teachers	737	680	14.7
Social Workers	101	59	14.4
Nurse-Teachers	105	75	35.0
Assistants or Aides	3150	1065	25.2
Totals	4093	1879	22.1

Figure 7 - New York City

The Purpose of Home Visits 1969-70

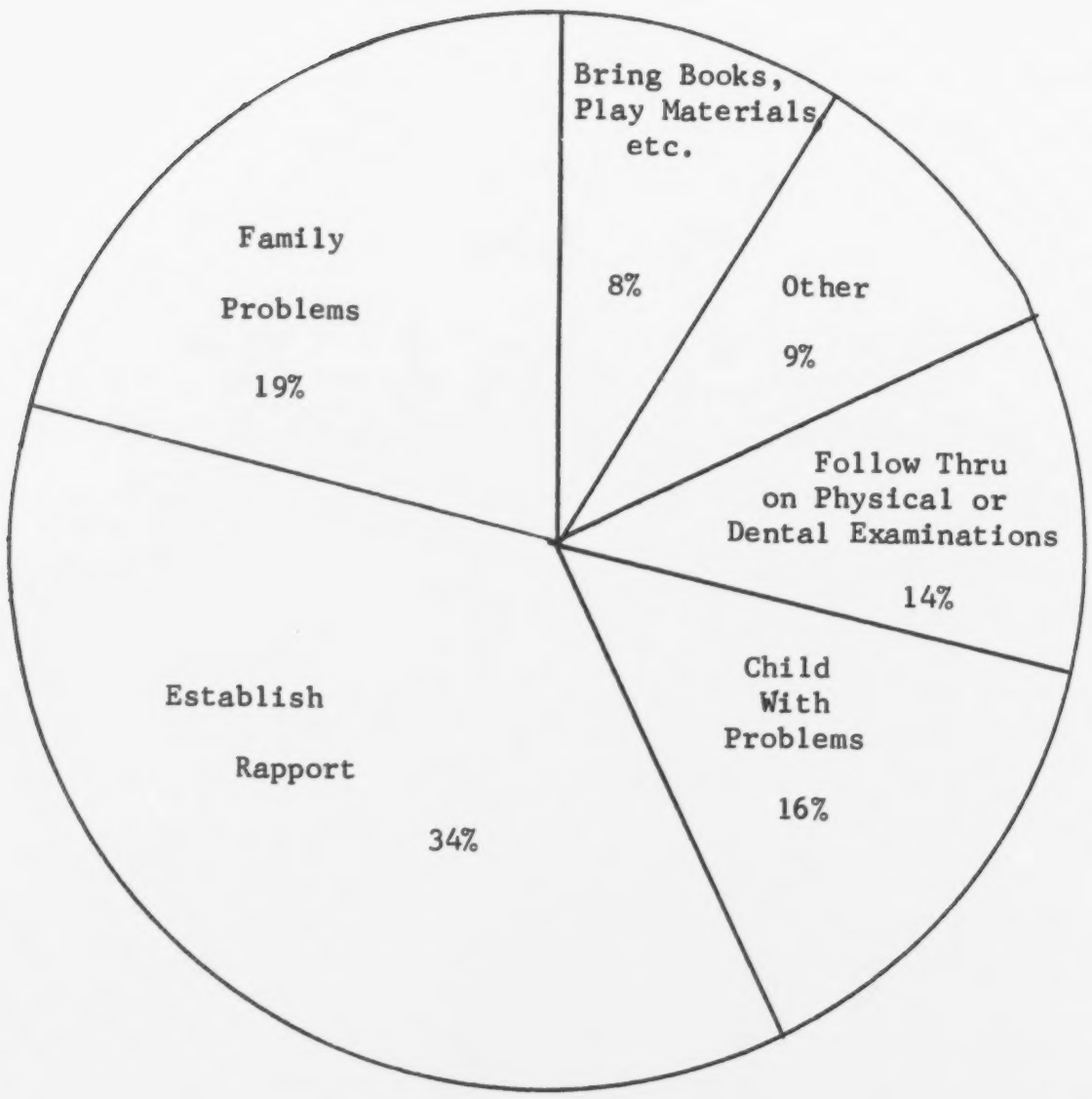


Table XXI - New York City

Staff Qualifications 1969-70

	1969 - 1970	Number of Children Per Staff Member
Number of Programs:	38	--
Number of Classes:	50**	--
Number of Teachers Employed by Program*	50	30.6
Certified in:		
N-3, N-2, or ECE	48	--
N-6	1	--
K-6	0	--
Other (noncertified)	1	--
Number of Assistant Teachers:		
Employed by Program	0	--
Number of Teacher Aides:		
Employed by Program*	50	30.6
Educational Level:		
N-6	9	--
7-12	41	--
College	0	--
No reply	0	--
Number of:		
Psychologists*	4	382.5
Social Workers*	7	218.9
Nurse-Teachers*	3	510.7
Number of:		
Family Workers*	50	30.6
Family Assistants*	25	61.3
Totals	189	8.1/1

Number of Children Per Classroom Staff Member
15.3/1

*These categories are included in the totals

**Each of the 50 classes has 15 children in the a.m. and 15 children in the p.m.

Table XXII - New York City

Parental Changes as a Function of Staff Effort

Type of Changes Occurring As A Result of Staff Efforts	Estimated Number of Parents Involved in the Changes (Percentage of all Parents)
Obtained membership in public library	176 (11%)
Enrolled in programs for further education	93 (6%)
Indicated increased interest in physical self-improvement (sewing, cooking, dieting, exercise, grooming)	388 (25%)
Received jobs	164 (11%)
Indicated increased concern toward child's health problems (medical, dietary, etc.)	468 (31%)
Were able to locate better living quarters	55 (4%)
Indicated increased concern toward child's school attendance	378 (25%)
Received help in such other areas as in filling out welfare forms, applied for greater or additional types of benefits that they were previously unaware of, etc.	356 (23%)

Table XXIII - New York City

Children's Speech Problems 1969-70

(Developmental problems which typically will correct themselves through maturation and learning)		
	Number of Children With Problems	Number of Children Who Made Progress
1) Non-English speaking	493	464
2) Dialect problems	111	86
3) Combines words inappropriately but can be understood	96	84
4) Understands words but cannot follow directions without visual clues from teacher	87	64

(Nondevelopmental problems of biological or emotional origin)		
	Number of Children With Problems	Number of Children Who Made Progress
1) Organic - (A malformation of some speech-related organ, e.g., cleft palate)	11	9
2) Functional disorder* (Not a malformation of speech organs but which may be a result of a pathological disorder elsewhere in the organism)	30	30

*Some of the disorders listed under this category are as follows: stuttering and stammering, idioglossia, emotional concomitants, cerebral dysfunction, aphasic-type problems, hearing problems.

Table XXIV - New York City

Socioemotional Development 1969-70

Children Identified as Having Socioemotional Problems	Originally Identified by Staff	Originally Identified by Parent
A. Number of Children	310	32
B. Of those in A, how many were referred to Psychologist?	191	20
C. Of those children counted in B, how many were helped primarily through each of the following:		
1) referred back to classroom?	43	4
2) counseling with parents?	108	15
3) referred for professional therapy?	96	23
D. How many needed therapy but did not receive such care?	2	1

Table XXV - New York City

Health Examinations 1969-70

Type of Examination	Number of Children Examined by the School	Number of Children Having Parents Present at the School Exam (Percentage)	Number of Children Examined by Private Physician	Total Number of Examinations (Percentage of Enrollment)
Physical	1127	997 (88%)	173	1300 (85%)
Dental	929	293 (32%)	219	1148 (75%)
Visual	1331	55 (4%)	22	1353 (88%)
Auditory	617	2 (.1%)	11	628 (41%)

Table XXVI - New York City

Health Problems 1969-70

Type of Examination	Problems Identified	Frequency of Occurrence of Defect	Proportion of Children Suffering from Defect
Physical	Malnutrition	65	5.0%
	Tonsils	110	8.5%
	Orthopedic	30	2.3%
	Cardiac	23	1.8%
	Hernia	28	2.2%
	Other	85	6.5%
	Subtotal	341	
Dental	Caries	530	46.2%
Visual	Unspecified	125	9.2%
Auditory	Unspecified	4	0.6%
	Total	1000	

Table XXVII - New York City

Treatment of Health Problems 1969-70

Type of Examination	No. of Defects Previously Known to Parents	No. of Previously Noted Defects Under Treatment	No. of Newly Discovered Defects	No. of Newly Discovered Defects Under Treatment	Percentage of all Defects Not Under Treatment
Physical	180	175	161	127	11.4%
Dental	178	171	355	325	6.9%
Visual	37	35	78	71	7.2%
Auditory	0	0	4	4	0%
Totals	395	381	598	527	

Table XXVIII- New York City

Food Served 1969-70

Type of Food Service	Average Number of Children Served Daily (Percentage of Total Enrollment)
BREAKFAST:	
Regular	45 (2.9%)
Sporadic	175 (11.4%)
SNACKS:	
Simple snack	1453 (94.8%)
Expanded snack	127 (8.3%)
HOT LUNCH	1503 (98.1%)

Although each program emphasized that aspect of the food program that best suited its needs, overall, throughout the whole New York City program, the following aspects were ranked as they appear below:

The serving of foods high in protein content in order to add increased protein to the diet of children	1.5 (tie)
The introduction of new and varied selections of food to the children	1.5 (tie)
The serving of foods in such a way as to separate them so that the child is introduced to each distinct food as a separate entity	3
The serving of foods which are distinct in that they are eaten specifically with the fingers as opposed to the use of utensils	4

Table XXIX-A New York City

Meetings of Teachers 1969-70

Type of Meeting	Number of Programs Reporting...Meetings		
	None	Few	Many
Prekindergarten and kindergarten	15	23	10
Prekindergarten, kindergarten, and first grade	20	13	5
Prekindergarten staff and elementary school administrators	7	18	13

Table XXIX-B New York City

Intervisits 1969-70

Type of Intervisit	Number of Programs Reporting...Intervisits		
	None	Few	Many
Kindergarten teachers visited prekindergarten class	4	24	9
First-grade teachers visited prekindergarten class	16	18	3
Prekindergarten teachers visited kindergarten class	6	18	13
Prekindergarten teachers visited first-grade class	15	18	4

Table XXIX-C New York City

Changes in Kindergartens 1969-70

Type of Changes	Number of Programs Reporting...Changes		
	None	Few	Many
How many kindergarten teachers made substantial changes in classroom organization?	13	8	7
How many kindergartens had substantial additions in equipment?	7	12	9
Number teacher-aides assigned to kindergarten for first time?	24	4	0
Number kindergartens had class size reduced?	22	4	2
Number kindergarten teachers made home visits for the first time?	18	10	0